



PO Box 12000 | Syracuse, NY 13218
medanswering.com

Transportation Provider Information

Please email completed form to email web_access@medanswering.com

Company Name: _____

NYS Medicaid Provider ID: _____ NPI # for Ambulance _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____ Fax: _____

Transportation Provider MAS User Supervisor: _____

Dispatch Email: _____

Contact Email: _____

Type of Transportation Provided: Taxi___ Ambulatory___ Wheelchair___ Stretcher___

Counties of Operation:

Please note for any county that you indicate below, you will need to be available for in county trips as well as long distance from the counties. If you are not willing/not available to do the in county trips, please do not mark the county as a county you will transport in. If you mark counties more than an hour away from the address listed above, you may be asked to provide additional information as to how you plan on providing safe, reliable, and on time transportation at Medicaid approved rates in those counties.

Albany___ Allegany___ Broome___ Cattaraugus___ Cayuga___ Chautauqua___

Chemung___ Chenango___ Clinton___ Columbia___ Cortland___ Delaware___

Dutchess___ Erie___ Essex___ Franklin___ Fulton___ Genesee___ Greene___ Hamilton___

Herkimer___ Jefferson___ Lewis___ Livingston___ Madison___ Monroe___ Montgomery___

Niagara___ Oneida___ Onondaga___ Ontario___ Orange___ Orleans___ Oswego___ Otsego___

Putnam___ Rensselaer___ Rockland___ St. Lawrence___ Saratoga___ Schenectady___

Schoharie___ Schuyler___ Seneca___ Steuben___ Sullivan___ Tioga___ Tompkins___

Ulster___ Warren___ Washington___ Wayne___ Westchester___ Wyoming___ Yates___



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ATTENTION NEW PROVIDERS:

You will also need to provide MAS with a copy of your Department of Health acceptance letter. The letter will include your business name, Medicaid provider Id # and service level, you were approved for.

If you have a DBA for your company, we will need to provide documentation from provider enrollment that your DBA was approved. If you do not have an approved DBA, we will be adding your company to our system with the name that is on your DOH approval letter.

We will not be able to add your company to the MAS web site until we receive all required forms.

Pictures of the Transportation Provider Information sheet and your DOH acceptance letter will not be accepted.

If you have any questions, please contact your MAS Field Liaison.

Signature: _____

Date: _____

Print Name: _____